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IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF
TWIN FALLSIN RE THE GENERAL ADJUDICATION OF RIGHTS TO
THE USE OF WATER FROM THE COEUR D'ALENE-
SPOKANE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

Ident. Number: 94-9384

Date Received: 3/13/2015

Received By: *ES*Receipt No. *NO31578*NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

1. Name of Claimant(s)

LESLEE STANLEY Phone: (208) 753-2651
PO BOX 268
SILVERTON ID 83867

2. Date of Priority: 12/31/1923

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
48N	04E	21	SW NW		SHOSHONE	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	01/01 12/31	0.04	
STOCKWATER	01/01 12/31	0.02	

7. Total Quantity Appropriated is: 0.04 C.F.S. and/or A.F.A

8. Non-irrigation uses:

Number of Homes: 1	Water Use	Type Of Stock	Number Of Stock
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9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
48N	04E	21	SW NW		STOCKWATER	
						Section Acres
Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
48N	04E	21	SW NW		DOMESTIC	
						Section Acres
						Total Acres

10. Place of use in counties: SHOSHONE

11. Do you own the property listed above as place of use? Yes

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10/9/2015

12. Other Water Rights Used:

13. Remarks:

Priority date description:

Description of use: Water Use Description

DOMESTIC

STOCKWATER

Pending signed claim and fees from claimant.

14. Basis of Claim: Beneficial Use

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do _____ do not ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): Russell Stanley Date: 10-9-15

Date: _____

For Organizations: I do solemnly swear or affirm under penalty or perjury that I am

Title of _____
Organization

That I have signed the foregoing document in the space below as

Title of _____
Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date: _____

Title and Organization _____

Please print name